

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/635832

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1				
2	1		1				52		1				
3		2		2			53		1				
4		1		1			54		1				
5		1		1			55		1				
6		1		1			56		1				
7		1		1			57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11		2		2			61						
12		2		2			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18	1		1				68						
19	1		1				69						
20		2		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.	4						TOTAL IND.	4					
TOTAL DEP.	63						TOTAL DEP.	63					
TOTAL CLAIMS	67						TOTAL CLAIMS	67					

BEST AVAILABLE COPY